

# ENHANCED RATE

---

MAY 30, 2019

JAMIE MORRIS, DDD CLINICAL ADMINISTRATOR

JULIE HAND, DDD ASSISTANT DIRECTOR

# ENHANCED RATES: BACKGROUND

---

- 2009: DDD implementation of enhanced rates policy and procedure
  - Mainly focused on group “programs”
  - Included a cost report template for program-related costs & outline of review by DDD
- 2011: Updates to policy and procedure in response to increase in requests for both individuals and groups
  - Resource allocation template for individual enhanced rates developed
  - DHS-DD-900 established consistency of information provided to DDD to justify request for enhanced funding

# ENHANCED RATES: BACKGROUND

---

- 2016: Provided specific procedural details of approval and monitoring for both individual and group enhanced rates
  - Established Transition Rate for participants moving to community-based settings from SDDC specifically.
  - Outlined expectation for CSPs to use Transition Rate to build internal capacity to support participants with significant support needs.
- 2017: Removed requirement to complete DHS-DD-900 for Transition Rates ONLY, established DHS-DD-800 (Funding Request) as method of identifying transition from ICF settings to community settings
  - Outlined quarterly status updates by DDD Clinical Administrator

# MEDICAID AUTHORITY: REVIEW OF ENHANCED SUPPORTS & FUNDING

---

- Department of Social Services - Division of Medical Services review of Enhanced Funding within CHOICES waiver services
- Sample of 30 participants receiving Enhanced Funding
- Recommendations within three categories:
  - System Changes
  - Training
  - Operational Enhancements



# MEDICAID AUTHORITY: RECOMMENDED CHANGES

---

- System Changes
  - Update & implement Enhanced Funding Policy to include standard form(s)
  - Case Manager (CM) awareness of Enhanced Funding and clear description of such within ISP
- Training:
  - Training for providers on Rights Restrictions, Restoration Plans, documentation of behaviors, and goals (specific, measurable, achievable, relevant, time-bound)
- Operational Enhancements:
  - Create and implement record retention policy for DHS
  - Assure all policies, forms, and reports are current and accessible to recipients, guardians, advocates and providers
  - Facilitate a system environment in which standardized assessments will be created for providers' use

# ENHANCED RATES 5.0

---

- Inclusion of Case Manager in initial problem-solving and updating ISP to reflect any enhanced supports
- Team collaboration and ongoing learning regarding efficacy of supports and need for revisions to the ISP
- Focus on participant outcomes as a result of enhanced supports
- Reassessment of supports and funding with a focus on participant outcomes at designated benchmarks vs. a “fade plan”
- Utilizing Therap as a source of information to reduce workload in submitting supporting documentation for both CSPs and Case Managers
- Utilizing DDD resources in field offices - Intervention & Support Specialists available to visit with participant, family, team members and provide ongoing technical assistance
- Improved consistency in procedures for individual and group enhanced rate requests & monitoring

# IDENTIFYING POTENTIAL NEED

---

- ISP Team identifies the need for additional staff support, specialized services and support, including, but not limited to:
  - Support to promote medical/health outcomes
  - Behavior Support Needs: Co-occurring diagnoses, trauma support, etc.
  - Enhanced staff ratios/patterns
  - Enhanced staff support to promote Daily Life & Employment outcomes

# TEAM MEETING – PROBLEM-SOLVING

---

Potential need to change or provide additional supports can be identified by:

- CSP - contact Case Manager to schedule a team meeting to problem-solve and determine a proposed plan
- Case Manager – will communicate concerns with other ISP Team members and initiate scheduling a team meeting
  - Inclusion of the participant, family/guardian, Case Manager, and CSP team members is necessary and provides a wide array of perspectives regarding what's working and what's not working



# PROPOSED PLAN

---

- **CSP completes** the Enhanced Rate Request (DHS-DD-900) based on the conversation at the team meeting and team agreement on next best steps
  - Enhanced Rate Request is sent to Case Manager
- **Case Manager** reviews request and **submits request to DDD**, in addition to:
  - Team meeting notes
  - Significant Change Request, if warranted
    - Addition of or change in service type
    - Addition of or change in service hours
    - Address change

# REVISIONS TO ENHANCED RATE REQUEST (DHS-DD-900)

---

- The DHS-DD-900 form will continue to be the template used by providers to formally request an enhanced rate for **an individual or a group of 2 or more people**. The request has been modified to capture a wider range of support areas to promote positive participant outcomes, including but not limited to the following:

# REVISIONS TO ENHANCED RATE REQUEST (DHS-DD-900)

---

- Basic Information
  - Date Request is sent to DDD
  - Participant Name, Address, Date of Birth
  - Case Manager organization & contact information
  - Community Support Provider & contact information

# NEED FOR SIGNIFICANT CHANGE REQUEST

---

- CSP completes the SCR\* according to reflect the proposed plan, if warranted, and send to the Case Manager with the DHS-DD-900
  - Addition of or change in service type
  - Addition of or change in service hours
  - Address change

\*For consistency purposes as a short term solution – DDD hopes to have an alternative solution for electronic submission of SCRs through Therap within 6-12 months.



# DESIRED OUTCOME

---

- What is the bigger picture goal for the person? If the “issue” was well-managed or resolved, what opportunities would open up to the person?
  - Example: As a result of 1:1 supports, Sue will safely participate in community events of her choice weekly.
  - Example: Due to the 1:1 supports, Sue will gain independence and feel safe to connect with the community.
- Proposed Implementation Date
  - Can be backdated to reflect supports currently in place or with a future date of planned enhanced supports
- Short Term or Long Term
  - Define if the enhanced supports are to be provided for less than or more than 6 months

# REASON FOR REQUEST

---

- Enhanced Medical Needs
- Behavior Support Needs: Co-occurring diagnoses, trauma support, etc.
- Enhanced staff ratios/patterns
  - MUST complete enhanced staff ratio schedule under Proposed Plan
  - Account for all 168 hours of the week – even if enhanced ratios aren't provided during some hours
- Enhanced staff support to promote Daily Life & Employment outcomes
- Other

# WHAT ELSE HAS BEEN TRIED?

---

- What further assessment has been or should be sought?
  - DDD
  - SDDC Consultation
  - What other resources are available in the person's community?
- Summarize previous and current interventions & supports
  - What has been tried?
  - What successes can the team continue to build on?
  - What is the team concerned about and needs to change?

# PROPOSED PLAN:

---

- Describe specific activities and supports that will move the person closer to the Desired Outcome and address the Reason for Request
  - Ongoing evaluation of implementation – what is or isn't effective, sharing learning among team members, updating ISP as warranted
  - Has a functional analysis been completed? Is the person lacking the skills to perform a replacement behavior? If so, are teaching strategies for replacement behaviors included in the proposed plan?



# PROPOSED PLAN, CON'T.

---

- Describe specific activities and supports that will move the person closer to the Desired Outcome and address the Reason for Request
  - Does the proposed plan include an analysis of the person's health? (Physical, mental, emotional)
  - Have environmental factors been considered? (Staff, housemates, sensory, accessibility)
  - Is the person communicating frustration, with words or actions, rights restrictions or other aspects of daily life?
- What is Working/Not Working **right now** from the following perspectives:
  - Participant
  - Family/Guardian
  - Case Manager
  - DSPs
  - CSP Management

# EXAMPLE OF ENHANCED STAFF RATIO SCHEDULE

---

Example:

## **Monday-Friday**

6a-9a: 1:1

9a-2p: 1:7

2p-10p: 1:1

10p-6a: 1:1

Total:

- 1:1 Total hours per week: 143
- 1:7 Total hours per week: 25

## **Saturday-Sunday**

6a-2p: 1:1

2p-10p: 1:1

10p-6a: 1:1

# SUCCESS BENCHMARKS

---

- Sue will reduce aggression-hitting, kicking, pulling hair-by 75% over the next 12 months-measured by behavior data documented daily by DSPs
- Measured through Sue’s Behavior Support Plan data collected in ISP Programs and CQL POM “People participate in the life of the community”

**Plan to monitor effectiveness of enhanced supports:**

**Success Benchmarks:**

	3 months	6 months	12 months
What does success look like?			
What data will be collected and measured to determine whether supports are effective?			

# REQUEST REVIEW BY DDD

---

- Once received, DDD will have **45 days to complete the approval process.**  
The CSP Program Specialist will:
  - Review request and additional information via Therap
  - Coordinate with DDD Clinical Administrator to determine need for additional information necessary to support the request.
- If revisions/additional info needed, CSP will have 15 business days to provide the information
  - After 15 days, the request will be placed in “pending” status
  - After 30 days, the Program Specialist will contact CSP and Case Manager regarding needed information and a letter announcing pending denial of request will be issued



# DDD INTERVENTION & SUPPORT SPECIALIST ROLE

---

- Request for 1:1 staff (for more than 12 hours per day)
- Request for new group or an addition to established group enhanced rate
- Enhanced rate request for youth (under age 21)
- Request contains information that is conflicting with one or more of the following:
  - Additional documentation provided with request
  - Critical Incident Reports – information is contradictory or CIRs not submitted
  - No prior consultation or consultation recommendations not implemented
  - Information is inconsistent with DDD Program Specialist and the Intervention and Support Specialist knowledge of the participant and/or circumstances

# SUPPORTING INFORMATION TO ACCOMPANY REQUEST

---

## PLEASE ATTACH THE FOLLOWING:

Participant Support Documentation: *All items below are required. If not applicable to the person, please describe why the document is not completed/available.*

- ☐ Person's typical daily schedule
- ☐ Summary of Functional Analysis
- ☐ Cost Report for Group (\*only group)
- ☐ Matching Tool (**required if request includes increased staff ratios/1:1 staff ratios**)

## Suggested Options for Team to gather additional information:

<input type="checkbox"/> Important To/Important For	<input type="checkbox"/> Good Day/Bad Day
<input type="checkbox"/> <u>LifeCourse</u> trajectory	<input type="checkbox"/> Routines & Rituals
<input type="checkbox"/> Communication Chart	
Problem Solving Tools:	<input type="checkbox"/> Integrated Support Star
<input type="checkbox"/> 4+1 Questions	
<input type="checkbox"/> Learning Log	

# DDD REVIEW OF SUPPORTING DOCUMENTS

---

- DDD will review the following documents by utilizing Therap:
  - Current Individual Service Plan
  - Current Behavior Support Plan (if applicable)
  - Most recent psychological/psychiatric evaluation
  - ICAP
  - Team Meeting Notes
  - Matching Tool (if request includes staff ratios)
  - Current Medication List
  - Any consultation reports (within last 6 months)

# REQUESTS FOR GROUP ENHANCED RATE

---

- **A separate request form must be completed for each participant**

\*Only complete the table if this request is for a new group or for an addition to an existing group.  
Include names of all participants in the group.

Name	Current Address	New Address	Case Manager Name

- List participants anticipated to be supported through Group Enhanced Rate (other than the participant for whom the DHS-DD-900 is submitted)
- Group Enhanced Rate Requests must be accompanied by a cost report outlining projected program expenses



# TRANSITION RATES

---

- **DHS-DD-772 Transition Plan**
  - Collaboration for smooth transition to community-based supports
  - Serves as interim plan of care and documentation of support needs warranting Transition Rate
  - First 12 months after approval is considered “transition period” during which DDD and SDDC will provide periodic check-in contact and support to ensure continued success in community settings

# DETERMINATION OF APPROVAL

---

- Director of DDD makes final decision regarding approval or disapproval
  - Based on recommendations from Program Specialist and Clinical Administrator
- Signed letter reflecting decision signed by Director of DDD & mailed to CSP and Case Manager

# REQUEST IS APPROVED...NOW WHAT?

---

- Upon approval, the Case Manager shall update the ISP-Service Support section to reflect enhanced supports and include these supports in quarterly ISP monitoring activities
- CSP shall begin implementing enhanced supports as specified and collecting data as described in the Enhanced Rate Request
  - Adjust billing to reflect approved enhanced rate and effective date
- Additional information regarding monitoring will be provided during webinar training on June 27<sup>th</sup>, 1:30 – 3:30 CT.

# QUESTIONS?

---

- Jamie Morris, DDD Clinical Administrator
  - [Jamie.Morris@state.sd.us](mailto:Jamie.Morris@state.sd.us)
  - 605-773-3438

OR

Contact your assigned Program Specialist